



Commonwealth of Massachusetts
Town of Sharon
Disposal System Construction Permit

Number _____

\$ _____
Fee

Violation of any of the requirements or conditions will cause immediate revocation of this permit.

Permission is hereby granted to:

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name _____ Name of Company _____

Address _____

Telephone Number _____

City/Town _____ State _____ Zip Code _____

to perform the following work on an on-site sewage disposal system:

- ☐ Construct a new on-site sewage disposal system
- ☐ Repair or replace an existing on-site sewage disposal system
- ☐ Repair or replace an existing system component

Facility Address _____

City/Town _____ State _____ Zip Code _____

Owner _____

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5, Article 7, and the following local provisions or special conditions:

Permits shall become void 12 months after the date of issue unless construction is completed within that period, and they are nontransferable. The Board may, in its discretion, allow a twelve-month extension.

Approved by _____ Date _____

Title _____